UF | IFAS
UNIVERSITY of FLORIDA

Florida Master Naturalist Program
Space Coast Regional Chapter

Space Coast Regional Friends Group of the FMNP

Membership Application

Please check one: ☐ RENEWAL ☐ NEW MEMBER

NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ ZIP:_____

PHONE: _____

EMAIL:_____

I WANT MY NAME, EMAIL, AND PHONE IN THE MEMBERSHIP DIRECTORY (YES/NO): _____

MASTER NATURALIST COURSE(S) COMPLETED

Membership is open to individuals who have completed a minimum of one (1) course.
Please list below which courses you have completed.

_____

Members in good standing are required to be current on annual dues, commit to a minimum of five (5) hours of volunteer activities, and attend a minimum of one (1) Friends Group meeting each calendar year.

Let us know what committee(s) you are interested in serving on:

☐ Group Activities and Events ☐ Education and Outreach ☐ Awards and Recognition
☐ Membership ☐ Fund-Raising

Annual membership dues to become a member of the Space Coast Regional Friends Group of the FMNP are **$20**. Payment of dues immediately entitles the member to ALL membership benefits.

Please indicate *below* if you would like to support our Space Coast Regional Friends Group FMNP Scholarship Fund or pledge funds to the FMNP Endowment Fund.

☐ SCRC FMNP Scholarship Pledge Amount $_____ ☐ FMNP Endowment Fund Amount $_____

Check Total: $_____ Check# _____

Please make checks payable to:

Space Coast Regional Chapter of the FMNP
Mail to:
Holly Abeels, Florida Sea Grant Extension Agent
University of Florida/IFAS Extension Brevard County
3695 Lake Drive
Cocoa, Fl 32926

The Foundation for the Gator Nation
An Equal Opportunity Institution

Extension programs are open to all persons without regard to race, color, sex, age, disability, religion, or national origin. For individuals with disabilities, requiring special accommodations, please contact the UF/IFAS Brevard County Extension Service within a minimum of 72 hours of the event/program so that proper consideration may be given to the request. For persons with hearing or speech impairments, use the Florida Relay Service (TDD) at 1-800-955-8771 or 711.

Space Coast Regional Friends
Group of the Florida Master
Naturalist Program

Release and Waiver of Liability for Members

In consideration of the right to participate in the Space Coast Regional Friends Group outreach and group activities, I_____have and do hereby assume all risks and will indemnify and hold harmless the Space Coast Regional Friends Group of the Florida Master Naturalist Program, as well as the UF/IFAS Extension office, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from connection with my participation in any activities, including but not limited to kayaking, seining, and hiking, sponsored through the SCRC of the FMNP, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

_____ _____

Signature of Member Date

Space Coast Regional Friends
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Photo/Video Release for Members

I,_____hereby irrevocably and for perpetuity consent to and authorize the use and reproduction of any and all photographs, videotape, and audio recordings taken of me, my children and/or my guests for use in public education and promotional projects by the UF/IFAS Extension and/or the Florida Master Naturalist Program or specifically the Space Coast Regional Friends Group. I understand that this consent is given without expectation of compensation to me and that all photographs and recordings shall become the property of the UF/IFAS Extension and/or the Florida Naturalist Program or specifically the Space Coast Regional Friends Group.

_____ _____

Signature of Member Date